SUA Resource Library:

General Customer Satisfaction Survey Materials
Foreword

In 2012, the Administration for Community Living (ACL), an operating division of the US Department of Health and Human Services, began a comprehensive evaluation of its National Family Caregiver Support Program (NFCSP). This was the first comprehensive federal evaluation of the NFCSP, which serves over 800,000 family caregivers annually. The NFCSP evaluation has three broad goals to benefit policy and program decision-making:

1. Collect and analyze information on program processes and site operations;
2. Evaluate program efficiency and cost issues for approaches best suited to specific contexts; and
3. Evaluate effectiveness of the program’s contribution to family caregivers in terms of maintaining their health and well-being, improving their caregiving skills, and avoiding or delaying institutional care of the care recipient.

As part of the evaluation survey, State Units on Aging (SUAs) were asked to submit relevant documents if they answered ‘yes’ to any of the following five questions:

- Do you have a statewide task force, commission or coalition specifically to examine family caregiver issues?
- Have community needs assessments for caregiver support services been conducted?
- Does your state have a standardized caregiver assessment?
- Does your SUA conduct routine programmatic monitoring of the NFCSP program?
- Do you use a uniform caregiver satisfaction survey across all AAAs?

ACL received assessment tools and grouped them into the following categories:

1. Community Assessment Materials
2. General Customer Satisfaction Survey Materials
3. Grandparent Assessment Materials
4. High-Level Administrative Materials
5. Program Monitoring Materials
6. State Caregiver Assessments
7. State Care Recipient Assessments
8. Task Force Materials
9. Uniform Satisfaction Materials
10. Other Materials

While ACL does not specifically endorse these tools, we are sharing them because they may be helpful to other programs. For more information on the NFCSP please go to: http://www.aoa.acl.gov/. For more information on the evaluation of the NFCSP please go to: http://www.aoa.acl.gov/Program_Results/Program_Evaluation.aspx
General Customer Satisfaction Survey Materials

Florida Performance Outcome Measurement Project (POMP) Instruments ...................................................... 3

Texas Customer Satisfaction Report ..................................................................................................................... 4
Instruments

Service Specific Surveys

Service Specific surveys are designed to evaluate service rendered under Title III OAA. The links below will take you to the survey instruments. A brief description of each survey instrument follows the link.

- **Caregiver Services Survey Instrument** — This survey instrument focuses on the amount and type of care provided by the caregiver, the burdens and rewards of caregiving, impact on employment, the health of the caregiver, and information needs.
- **Case Management Survey Instrument** — The survey instrument contains items on the length of time services have been received, consumer assessment of the service, and the ways in which case management has helped the service recipient.
- **Congregate Meals Survey Instrument** — The survey instrument contains items on the length of time service recipients have used the service, the contribution of the congregate meal to daily food intake in total and by food group, consumer assessment of the meal, self-reported outcomes, and food security.
- **Home-Delivered Meals Survey Instrument** — This survey instrument focuses on the extent of participation in the program, its contribution to service recipients’ total food intake, consumer assessment of the program, self-reported program outcomes, and food security.
- **Transportation Survey Instrument** — This survey instrument focuses on the frequency of the use of the service, consumer assessment of the service (including drivers and vehicles) self-reported outcomes, and reasons for using the service (e.g., doctor’s appointments, shopping, etc.).

Cross-Cutting Survey Modules

Cross-Cutting survey modules are considered so because they concentrate on the individual client and not just a particular service. These surveys are specifically designed to collect general information on service recipient characteristics, gauge their perceptions of the care provided, and the level of care needed. Administration of these survey instruments is concurrent with the service specific survey instruments.

Individually these surveys return specific data sets. When interpreted together with the service-specific surveys, they return a more complete picture the impact of services received.

- **Additional Services Received Module** — This module contains items asking the service recipients whether they received any other services.
- **Demographics Module** — This module contains items that ask for gender, birth year, level of education, race, ethnicity, marital status, number of persons in the household, and income.
- **Physical Functioning and Health Module** — This module contains a self-rating of physical health, the use of assistive devices, the number of medications, and overnight stays in a hospital or nursing home.
- **Social and Emotional Well-Being Module** — This module focuses on the amount of contact with other persons (e.g., friends, neighbors, family), satisfaction with the amount of contact, and the extent to which service recipients feel stress, grief, worry, anger or loneliness.
2012 Customer Satisfaction Survey

Prepared by:
Clearwater Research, Inc.
December 6, 2012
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Introduction

The Department of Aging and Disability Services (DADS) serves as the State Unit on Aging (SUA) in the State of Texas. The SUA supports the Older Americans Act’s mission to assist older individuals to maintain independence and dignity in their homes and communities. DADS is a visible and effective advocate and leader in providing for a comprehensive and coordinated continuum of services and opportunities to enable the older population to live dignified lives. DADS’ consumers are the older population of Texas, 60 years of age or older, their families, and caregivers who receive a wide variety of services provided through federal, state, and local funding.

DADS is committed to providing the highest level of quality in the services it provides to consumers through the 28 AAAs and their service providers. In order to achieve this goal, the Department understands the critical importance of measuring consumer satisfaction and obtaining suggestions by consumers for improvements.

Background and Project Purpose

The Consumer Assessment Survey (CAS) is conducted by the Area Agencies on Aging Section of the Access and Intake Division of DADS in accordance with the State Unit on Aging State Plan. The purpose of CAS is to collect data regarding the delivery of Older Americans Act programs in Texas. The survey is conducted on services provided to program participants during the months of April through June of the current year. DADS contracted with Clearwater Research, Inc. (Clearwater) to implement the data collection and reporting of CAS. The project was comprised of five separate consumer questionnaires, each with a corresponding sample generated by DADS. The surveys asked basic questions about overall customer satisfaction with services as well as targeted questions to identify the impact the services had on consumer’s lives.

Goals and Outcomes of the Research

This report outlines the steps taken to gain an accurate measure of satisfaction among the AAA’s many consumers. Results of the consumer satisfaction survey are being used to improve service delivery and will be included in DADS’ strategic plan. Another goal of the research project is to develop a research methodology which can be used to assess the satisfaction of the AAA consumers on an on-going basis.

The types of services provided by AAAs and their contractors vary from region to region. For this reason, DADS has selected the services utilized by the largest number of consumers and considered to have the greatest impact on an older individual’s quality of life and ability to remain independent.

DADS selected five AAA services for this research. These services and a brief description of each are below:

**Benefits Counseling/Legal Assistance**

Advice or representation by an attorney, including assistance by a paralegal or law student under the supervision of an attorney, or counseling or representation by a non-lawyer such as a certified Benefits Counselor, where permitted by law, to older individuals with economic and social needs.
Care Coordination

An ongoing process to include assessing the needs of an older individual and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the older individual, the access and assistance staff, and where appropriate, a family member(s) or other caregiver(s).

Caregiver Support Coordination

An ongoing process to include assessing the needs of a caregiver and care recipient, effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the caregiver, the care recipient, and the access and assistance staff. If Title III-B funds are expended for this service the caregiver must be 60 or older.

Congregate Meals

A hot or other appropriate meal served to an eligible older individual which meets 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and which is served in a congregate setting. The objective is to reduce food insecurity and promote socialization of older individuals.

Home Delivered Meals

Hot, cold, frozen, dried, canned, fresh, or supplemental food (with a satisfactory storage life) which provides a minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and is delivered to an eligible participant in their place of residence. The objective is to reduce food insecurity, help the recipient sustain independent living in a safe and healthful environment.

Methodology

Survey Instrument

The CAS survey instruments used were a modified version of the Performance Outcome Measurement Project (POMP) instruments the Administration on Aging (AoA) utilized to measure performance for representative services funded by Title III. There were several reasons DADS chose to utilize the POMP tools. DADS considered the value in using a tool that already had been vetted and tested by federal, state, and local stakeholders. Also, the modified POMP instruments were more in-depth than previous survey instruments allowing for a broader, more detailed view of selected services. Moreover, there was the added benefit of the potential to compare state and federal data.

Sample Design

A list based sampling (LBS) frame was used for CAS. LBS allows for the sampling of listed telephone numbers and/or names in association with a certain service. DADS also utilized additional...
information in the listed sample, including the service provider, AAA, and date of most recent service exchange. For CAS, there were 5,000 total sample records provided by DADS; 1,000 records per service.

**Data Collection**
Data was collected for CAS over the course of one wave of telephone calling. The study was split into five sub-groups for fielding, each associated with one of the five AAA services and their respective questionnaires. The goal of each was to obtain at least 100 completed interviews for a total of 500 completed surveys. Of the 1,000 records provided by DADS for each AAA service, 500 were called. No record was contacted more than five times over the course of the study’s one month fielding period.

**Significant Findings**

**Overall Satisfaction**
There is a high level of satisfaction among responding AAA consumers. The highest level of satisfaction was found with regard to Care Coordination Services. 95.2% of consumers answered the question “How would you rate the overall quality of care coordination services you have received?” with a response of either “Excellent”, “Very Good” or “Good”. Satisfaction was also high with Caregiver Support Coordination (93.7% satisfaction with respite care services, 93.0% satisfaction with caregiver support services), Congregate Meals (93.3%), Home Delivered Meals (88.6%), and Benefits Counseling/Legal Assistance services (87.3%). Respondents to the Congregate Meals and Home Delivered Meals questionnaires were also asked if the service “has helped” them. 99.4% of home delivered meals consumers believe services have helped them, and 91.3% of congregate meals consumers believe their meal program has helped them.

**Satisfaction with Specific Aspects of Service**
Consumers were asked about specific aspects of each service. Their responses generally reveal high levels of satisfaction.

**Benefits Counseling/Legal Assistance:**
Consumers felt staff listened to them and understood their needs (98%); they received useful information (88%), and received information in a reasonable amount of time (96%). Of the consumers surveyed, 95% reported the person was knowledgeable with 99% reporting staff was courteous and professional. Consumers reported they were satisfied with the help they received (87%) and the service helped them resolve their issue (73%). A majority (92%) would call again if they needed assistance, and 97% reported that it was important that they received help.

**Care Coordination:**
Care Coordination services received high satisfaction ratings, especially with regard to being friendly (98%), setting up the care in an organized fashion (95%) and clearly explaining the service to consumers (93%). 85% of respondents said they felt involved with the decision making and planning of their services. 85% said that their situation has improved because of the services arranged by their care coordinator.
**Caregiver Support Coordination:**

Caregiver support coordination services provided friendly and respectful staff members for 98% of those surveyed. 91% of consumers believe that staff members fulfilled their role in providing appropriate services. Of the consumers surveyed, it was reported the AAA staff made it easier to give care (79%) and that the person receiving care benefitted from the help received (90%). A majority of consumers (65%) felt the services provided helped to reduce their own stress, and 71% believed that caregiver support services improved their knowledge of the illness for which they were giving care.

**Congregate Meals:**

According to congregate meal consumers, meal temperature was satisfactory (88%) and the program has improved their overall diet (88%). Of the consumers surveyed, it was reported the program has allowed 87% of respondents to continue living at home. As a result of receiving meals, 81% reported their overall health has improved and 94% said they feel the program helps maintain a healthy social life.

**Home Delivered Meals:**

Of the surveyed home delivered meal consumers, the program has improved overall diet for 94%. 91% of consumers believe that the program has helped them to feel better than before using the service. 95% of those using home delivered meals services say that the service allows them to continue living at home. On average, meals were delivered on time to 81% of consumers.

**Suggestions for Improvement**

In each of the surveys, responding consumers were asked for their suggestions for ways to improve services. Below are suggestions that appeared frequently among responding consumers:

**Benefits Counseling/Legal Assistance:**

Improve staff knowledge of Medicaid and Medicare as they relate to assistance options for consumers; increase collaboration in discussing consumers’ needs.

**Care Coordination:**

Services are needed for longer periods of time; limits need to be raised so more people can qualify for services; better communication with service providers about the consumers needs is required.

**Caregiver Support Coordination:**

Increase hours and frequency of help; increase flexibility of hours and extension of assistance (number of months) provided to a consumer.

**Congregate Meals:**

Improve variety of food offered, including options like fish; reduce salt used in preparation; reduce amount of seasonings used; improve vegetable cooking as vegetables tend to be overcooked.
Home Delivered Meals:

Improve variety of food offered, including options like fish; reduce salt used in preparation; increase amount of fresh vegetables and fruit; improve overall food quality.
Impact of Services

One of the key aspects of administering this study is finding the impact of services on consumers’ lives. Several services have been instrumental in helping responding consumers maintain their independence. Congregate meals, home delivered meals, and care coordination services have the greatest impact on helping responding older individuals remain in their homes. For example, 95% of home delivered meals recipients reported as a result of getting services, they have been able to continue living at home. Consumers were also able to maintain their independence as a result of participating in congregate meals (87%) and assistance with care coordination (89%).

Consumers were asked to tell in their own words the importance of these services in their lives. Their comments were recorded verbatim by interviewers. A sample of these comments follows:

**Benefits Counseling/Legal Assistance**

“It gave me the information I needed to help me make a decision.”

“I didn't know where to go or what to do and all I had to do was call Susan and within 15 minutes she had it resolved.”

“I wasn't sure what direction I needed to be taken. It was my first time applying for Medicare and it was very helpful.”

**Care Coordination**

“I am more independent. I don't have to depend on neighbors. I don't have to call someone to do something for me. Now I feel good about living.”

“I had less worry. I didn't have to check on my mom as often and didn't have to do the housekeeping. It boosted mom’s emotional well being and allowed her to feel more in charge.”

“They help me get back up on my feet. I couldn't even stand up on my own when I came back from the hospital.”

**Caregiver Support Coordination**

“I would say my mother is a happier person.”

“She gets to be at home and not in a nursing home. She gets to be with her family.”

“[We were] able to hire a good friend to care for her, that she is comfortable with.”

**Congregate Meals**

“It helps me get out of the house, not have to cook food, and make friends. I enjoy it.”

“It provides good nutritious meals when we probably wouldn't cook for ourselves and we use it as a good social outlet as well.”

“I am feeling better, I have more energy, and I eat more balanced meals.”
Home Delivered Meals

“It gives me a nice home cooked meal because of my disability. It helps me to make it through the month on the food I get and helps me not to go hungry.”

“It's helped me with preparing because I can't cook. It gives me a sense of security and it helps me a lot.”

“[It has] provided me with healthy meals when I didn't have the money or resources to provide it for myself.”
Figures

Benefits Counseling/Legal Assistance

Figure 2: Benefits Counseling/Legal Assistance - Overall Satisfaction

- Understand Needs: 98%
- Useful Information: 88%
- Information Timely: 96%
- Person Knowledgeable: 95%
- Person Courteous: 99%
- Satisfied With Help: 87%
- Issue Resolved: 73%
- Would Call Again: 92%
- Important You Received Help: 97%

Percent Responding "Yes" to Each Issue
Care Coordination

Figure 3: Care Coordination- Overall Satisfaction

- Return Phone Calls Promptly: 86%
- Clearly Explain Help: 93%
- Understand Needs/Work Together: 85%
- Person Friendly/Respectful: 98%
- Feel Involved: 85%
- Care Well Set Up: 95%
- Receive Services Unavailable Before: 79%
- Services Improved Situation: 85%
- Care Plan Developed: 78%
- Satisfied With Services*: 95%
- W/O Services, Live Elsewhere: 89%
- Improved Knowledge of Services: 64%

* “Satisfied With Services” includes those respondents who received “Excellent”, “Very Good” or “Good” service.
Caregiver Support Coordination

Figure 4: Caregiver Support Coordination - Areas of Help Required

- Basic Personal Activities: 52%
- Medical Needs: 41%
- Financial Matters: 35%
- Household Activities: 66%
- Local Trips: 54%
- Care/Service Arrangement: 47%

% Percent Responding "Yes" to Each Issue
Figure 5: Caregiver Support Coordination - Respite Care Information

- Respite Care (Any): 50%
- In-Home Respite Care: 47%
- Adult Daycare: 2%
- Overnight Respite Facility Care: 5%
- Respite Camps: 2%
- Other: 7%

Percent Receiving Service Specified
Figure 6: Caregiver Support Coordination - Caregiver Resources

- Received Info About Resources: 57%
- Info Received Provided Help: 75%
- Received Caregiver Training: 21%
- Attended Caregiver Education: 57%
- Attended Caregiver Counseling: 32%
- Used Caregiver Support Groups: 25%
- Used Other Resource: 39%

Percent Responding "Yes" to Each Issue
## Figure 7: Caregiver Support Coordination - NFCSP Supplemental Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided Home Modifications</td>
<td>22%</td>
</tr>
<tr>
<td>Provided Nutritional Supplements</td>
<td>24%</td>
</tr>
<tr>
<td>Provided Assistive Devices</td>
<td>27%</td>
</tr>
<tr>
<td>Provided Emergency Response Systems</td>
<td>19%</td>
</tr>
<tr>
<td>Provided Specialized Equipment</td>
<td>20%</td>
</tr>
<tr>
<td>Provided Money or Stipend</td>
<td>8%</td>
</tr>
<tr>
<td>Provided SomethinElse</td>
<td>16%</td>
</tr>
</tbody>
</table>

- Percent Responding “Yes” to Each Issue
Figure 8: Caregiver Support Coordination - Benefits of Caregiver Services for Caregiver

- More Personal Time: 56%
- Reduced Stress: 65%
- Easier to Give Care: 79%
- Better Understanding of Services: 67%
- Better Understanding of Illness: 71%
- Person Receiving Care Benefits: 90%

Percent Responding “Yes” to Each Issue
Figure 9: Caregiver Support Coordination - Assessment of Caregiver Support Services Received

- Satisfied with Caregiver Support Services: 93%
- Difficult to Get Services from AAAs: 40%
- Caregiving Caused Retirement: 23%
- Caregiving Interfered With Job: 24%
- CSS Helped: 67%
- Caregiver Has Disabilities: 44%
- Caregiving Worsened Caregiver's Disabilities: 26%
- Person Cared for Lives Alone: 68%

* "Satisfied with Caregiver Support Services" includes those respondents who received “Excellent”, “Very Good” or “Good” service.
**Figure 10: Caregiver Support Coordination - Overall Satisfaction**

- **Receive Help From Family/Friends**: 40%
- **Receive Help From Agency/Company**: 46%
- **Receive Help From Community Org.**: 21%
- **Help Paid for by Family**: 36%
- **Receive Help From Elsewhere**: 19%
- **Satisfied With Services***: 94%
- **Caregiver Kept Independence**: 39%
- **Caregiver Feels Secure**: 77%
- **Caregiver Better Able to Care for Self**: 45%
- **Better Idea of Where to Get Help**: 64%
- **Person Giving Services is Friendly**: 98%
- **Person Giving Services Fulfills Role**: 91%

* Percent Responding “Yes” to Each Issue

*Satisfied With Services* includes those respondents who received “Excellent”, “Very Good” or “Good” service.
Congregate Meals

Figure 11: Congregate Meals - Foods Eaten at Meal Site

- Eat Fruit Provided: 99%
- Eat Potatoes Provided: 89%
- Eat Vegetables Provided: 92%
- Eat Dairy Products Provided: 76%
- Eat Beans, Nuts etc. Provided: 87%
- Eat Meat Provided: 91%
- Eat Bread Provided: 75%
- Eat Grains Provided: 96%
- Eat Dessert Provided: 96%
Figure 12: Congregate Meals- Overall Satisfaction

- Satisfied Overall**: 93%
- Satisfied w/ Smell of Food*: 81%
- Satisfied w/ Look of Food*: 80%
- Satisfied w/ Taste of Food*: 75%
- Satisfied w/ Variety of Food*: 80%
- Satisfied w/ Temperature of Food*: 88%
- Satisfied w/ Way Food Cooked*: 72%
- Program Has Improved Diet: 88%
- Program Has Improved Weight: 85%
- Program Has Improved Health: 81%
- Program Has Helped Feel Better: 83%
- Program Improves Social Life: 94%
- Program Allows to Live at Home: 87%

* Includes percent of respondents answering "Always" or "Usually" to each issue

** "Satisfied Overall" includes those respondents who received “Excellent”, “Very Good” or “Good” service
Figure 13: Congregate Meals- Financial Decisions and Benefits

- Know of Voluntary Donation: 84%
- Difficulty Getting to Meal Location: 12%
- Have Enough Money for Food: 85%
- Have to Choose Between Food/Medication: 15%
- Have to Choose Between Food/Rent: 7%
- Skip Meal(s) Because of Lack of $: 5%
- Program Has Helped: 91%

Percent Responding "Yes" to Each Issue
Home Delivered Meals

169 completed surveys

Figure 14: Home Delivered Meals - Food Eaten

- Eat Fruit Provided: 94%
- Eat Potatoes Provided: 94%
- Eat Vegetables Provided: 89%
- Eat Dairy Products Provided: 85%
- Eat Beans, Nuts etc. Provided: 85%
- Eat Meat Provided: 98%
- Eat Bread Provided: 85%
- Eat Grains Provided: 88%
- Eat Dessert Provided: 96%

Percent Responding "Yes" to Each Issue
Figure 15: Home Delivered Meals- Overall Satisfaction

- **Satisfied Overall**: 89%
- **On-Time Meal Delivery**: 81%
- **Satisfied w/ Smell of Food**: 81%
- **Satisfied w/ Look of Food**: 80%
- **Satisfied w/ Taste of Food**: 76%
- **Satisfied w/ Variety of Food**: 77%
- **Satisfied w/ Temperature of Food**: 83%
- **Satisfied w/ Way Food Cooked**: 83%
- **Program Has Improved Diet**: 94%
- **Program Has Improved Weight**: 86%
- **Program Has Improved Health**: 82%
- **Program Has Helped Feel Better**: 91%
- **Program Allows to Live at Home**: 95%

* Includes percent of respondents answering "Always" or "Usually" to each issue

** "Satisfied Overall" includes those respondents who received “Excellent”, “Very Good” or “Good” service
Figure 16: Home Delivered Meals - Financial Decisions and Benefits

- **Know of Voluntary Donation**: 84%
- **Have Enough Money for Food**: 58%
- **Have to Choose Between Food/Medication**: 27%
- **Have to Choose Between Food/Rent**: 20%
- **Skip Meal(s) Because of Lack of $**: 12%
- **Program Has Helped**: 99%

Percent Responding "Yes" to Each Issue